

MARYLAND BOARD OF PODIATRIC MEDICAL EXAMINERS

TOE THE LINE

June, 2005

Public Session Board Meetings are open to everyone. The meetings begin at 1:00 pm on the following dates:

July 14, 2005

September 8, 2005

October – No Meeting

November 10, 2005

December 8, 2005

January 12, 2006

Any individual wishing to bring an issue before the Board, must submit such request in writing for Board approval, seven days before a scheduled Board meeting.



Changes in the Scope of Practice

On May 10, 2005, Governor Ehrlich signed into law Senate Bill 304, Health Occupations–Podiatrists - Scope of Practice. This bill expands the scope of practice for podiatrists practicing in the State of Maryland. The following changes will occur **effective October 1, 2005**:

1. Podiatrists will be able to perform osseous procedures of the ankle in an ambulatory surgery center or a hospital. However, the law requires that in order to be able to perform such surgery in an ambulatory center, the podiatrist **must** be credentialed by a hospital for these specific procedures.
2. The requirement that surgical procedures below the level of the dermis be performed in a hospital setting is removed.

This new provision now allows wound care and soft tissue procedures, such as ulcer debridement below the level of the dermis to be performed in an office or at bedside in a nursing facility.

3. Soft tissue surgical procedures will be able to be performed at the mid calf level.
4. Mid calf is interpreted to be the mid substance of the gastrocnemius muscle belly.

5. The new practice act excludes:

- Open treatment of acute ankle fractures, and
- Treatment of osseous structures of the leg proximal to the ankle joint.

Prescriptions Electronic Transmissions

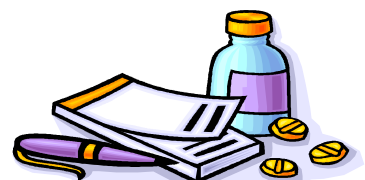
Pharmacists may fill electronically sent transmissions if they possess ONE of the four elements listed in COMAR 10.34.20 Format of Prescription Transmission:

- 1) The signature of the prescriber;
- 2) An alternative method of communication acceptable for commerce which indicates that the prescriber personally originated or approved the prescription;
- 3) Audio or visual interaction with the prescriber or agent; OR
- 4) The prescription is processed by a commercial intermediary, which guarantees security of the transmission.

The DEA will not allow CII prescriptions to be filled without an original signature with a few exceptions. The exceptions include residents in long-term care facilities, some patients in hospice care and patients undergoing home infusion (IV) pain therapy. See COMAR 10.19.03.08

A prescriber may send a CII prescription electronically to a pharmacy, but the pharmacist may not dispense the prescription to the patient until he receives the original handwritten signed prescription. See COMAR 10.19.03.08A(1).

Please be aware that insurance companies may have their own criteria for acceptance of electronically submitted signatures.



Update on Releasing Medical Records

Health care providers, including podiatrists have certain duties regarding the maintenance and disposition of medical records, which includes ensuring the confidentiality of these records. When a patient, or 'person of interest', i.e. the legal representative of the patient, requests medical records, the law provides specific guidelines for the release of medical information. The Maryland Health-General §4-301 et seq. requires that the person requesting the release of this information must make the request in writing, stating the name of the health care provider, identity of the person to receive the information,

and the period of time for which the authorization of disclosure is valid. The medical provider must release this information within a reasonable time. A health care provider may charge the person requesting a medical record a fee for copying and mailing the documents, not to exceed \$.50 per page, adjusted annually for inflation each July 1. The current rate is \$.63 per page.¹ In addition the health care provider may charge the actual cost of shipping and handling. According to HIPAA regulations, an additional preparation fee of \$19.09¹ or a cost-based fee may be used **ONLY** when someone other than the pa-

tient or 'person of interest' makes the request for mailed documents. Physicians may require payment of these fees and charges before turning the records over to a patient or other authorized individual. Physicians are required to comply with subpoenas, and no fee may be charged to transfer the records of Medicaid recipients to another provider. However, the law does not authorize any practitioner to withhold production of the medical records until the fees for medical services themselves have been paid.

¹ Current adjusted rates are available through MedChi's Law and Advocacy Division website: www.medchi.org/lawandadvocacy/2004medrec.asp

MARYLAND BOARD OF PODIATRIC MEDICAL EXAMINERS

4201 Patterson Avenue
Baltimore, Maryland 21215

Toll Free: 1 866 253 8461
Phone: 410-764-4785
Fax: 410-358-3083

We are on the Web.
<http://www.mbpme.org>

About Medical Records

How long do you keep a patient's medical records?

HIPAA regulations require that patient documents must be kept a minimum of six (6) years. The Medical Records Act states that unless a patient is a minor, medical records, laboratory and X-ray reports must be kept at least five years (see §4-403). For your information, state law trumps federal law if state law is more restrictive. However in this case, Federal law is the most restrictive. The Board recommends that a practitioner consult his/her health care attorney before determining how many years to keep patient documents.

Corporate Names

Applications for authorization of a corporate name for a practice are available from the Board, and must be submitted with a \$50.00 fee. The process requires approval by the Board and the Maryland Podiatric Medical Association. Naming a practice incorporated as a Limited Liability Company (LLC) does not require the approval of the Board. However, the name of the LLC still needs to comply with the Board's regulations regarding advertising.

Let's Get Connected...

Please inform the Board of a change in your mailing address.

In order to keep you up-to-date on the latest news in the Podiatric community and changes in policies, please send your current e-mail address to Elaine Hanratty at hanratty@dhmh.state.md.us

Buyer Beware

Of late, the Board has been made aware that there seems to be a growing trend for Maryland podiatrists to hire outside consultants to help enhance their practice management outcomes. **A word of caution:** the information or advice proffered by the consultant may not be congruent with the requirements of the Board and Maryland community practice standards. It may be in the best interest of the practitioner to inquire in writing as to the Board's recommendations. Please be aware that some issues do not fall within the Board's purview.

CME Requirements for the 2006-2007 Podiatric Licensure Renewal

The Board requires 50 Continuing Medical Education (CME) hours to be completed during the period of December 1, 2003 through December 1, 2005 for the podiatric licensure renewal. All CME credits and license renewal payments are due to the Board office no later than December 1, 2005. A late fee of \$100 will be assessed for late submissions of license renewal applications. It is the responsibility of the podiatrist to keep accurate records of attendance at approved CME programs, and upon request to be able to substantiate those records for the Board. Please note that the Board, not the sponsor, determines the credit hours awarded for each continuing education activity. Therefore, it is very important that prior to

the CME deadline, a syllabus is submitted to the Board to determine the credit hours approved for each course. The Board may not always award the same CME credits as a sponsor for classes attended.

IMPORTANT INFORMATION

Once a license has expired for failure to meet CME and/or renewal fee requirements, the Board **will not issue** a new license until all the renewal requirements have been met. An expired license lapses into a non renewal status, and the Board may require the licensee to meet the requirements of §16-308 to be reinstated. Practicing on an expired/non renewed license is subject to disciplinary actions by the Board. See §16-501, §16-505.

Renewal of Controlled Dangerous Substances Permit

Controlled Dangerous Substances (CDS) permits are due to expire on June 30, 2005. In order to ensure that your permit can be renewed in timely fashion, you must submit a completed application and the appropriate fee to the Division of Drug Control no later than June 17, 2005. Additional information about renewal and issuance of CDS permits is available on the Board's website <http://www.mbpme.org>